L104EA29Y$	0
L104EA29Y	7
L104EA29YIG	14
L104EA29YIG-CONTAINING	1
L104EA29YIG-PRODUCING	1
L104EA29YIG-TREATED	2
L104EA29YIG/RAPAMYCIN/ANTI-IL-2R	2
L104EA29YIG/RAPAMYCIN/ANTI-INTERLEUKIN-2	1
L104EA29YIG/RAPAMYCIN/AN-TI-INTERLEUKIN-2	1
L104EA29YS25KIG	4
L104EA29YS25NIG	4
((L104EA29Y$)).PGPB,USPT,EPAB,JPAB,DWPI.	14

There are more results than shown above. Click here to view the entire set.

Prev Page Next Page Go to Doc#

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Search Results - Record(s) 1 through 10 of 14 returned.

☐ 1. 20050019859. 18 Dec 03. 27 Jan 05. Mammalian cell culture processes for protein production. Schilling, Bernhard M., et al. 435/69.1; 435/320.1 435/325 530/395 C07K014/74 C12N005/02.

☐ 2. 20040022787. 18 Apr 03. 05 Feb 04. Methods for treating an autoimmune disease using a soluble CTLA4 molecule and a DMARD or NSAID. Cohen, Robert, et al. 424/144.1; 424/649 424/85.1 514/109 514/165 514/171 514/2 514/251 514/263.31 514/282 514/313 514/406 514/570 A61K039/395 A61K038/39 A61K038/19 A61K031/66 A61K031/60 A61K031/56 A61K031/525 A61K033/24 A61K031/415 A61K031/522.

☐ 3. 20030219863. 02 Jan 03. 27 Nov 03. Soluble CTLA4 mutant molecules and uses thereof. Peach, Robert J., et al. 435/69.1; 435/320.1 435/325 514/12 530/350 536/23.5 A61K038/17 C07H021/04 C12P021/02 C12N005/06 C07K014/74.

☐ 4. 20030138908. 16 Dec 02. 24 Jul 03. Expression vectors containing hot spot for increased recombinant protein expression in transfected cells. Koduri, Kanakaraju, et al. 435/69.1; 435/320.1 435/334 C12P021/02 C12N005/06.

☐ 5. 20030083246. 02 Jul 01. 01 May 03. Methods for treating rheumatic diseases using a soluble CTLA4 molecule. Cohen, Robert, et al. 514/12; 424/145.1 514/162 514/171 514/223.5 514/251 514/263.31 514/313 514/9 A61K039/395 A61K038/13 A61K031/56 A61K031/549 A61K031/525 A61K031/522.

☐ 6. 20030022836. 23 May 02. 30 Jan 03. Methods for protecting allogeneic islet transplant using soluble CTLA4 mutant molecules. Larsen, Christian P., et al. 514/12; 424/145.1 514/151 514/171 514/251 514/291 514/9 A61K039/395 A61K038/17 A61K038/13 A61K031/525 A61K031/655.

☐ 7. 20030007968. 25 Jan 02. 09 Jan 03. Methods of inducing organ transplant tolerance and correcting hemoglobinopathies. Larsen, Christian P., et al. 424/144.1; 424/93.7 514/517 A61K039/395 A61K031/255 A61K045/00.

☐ 8. 20020182211. 23 May 01. 05 Dec 02. Soluble CTLA4 mutant molecules and uses thereof. Peach, Robert J., et al. 424/143.1; 435/320.1 435/326 435/69.1 530/388.22 536/23.53 A61K039/395 C07H021/04 C07K016/28 C12N005/06 C12P021/02.

☐ 9. 20020039577. 08 Jun 01. 04 Apr 02. Methods for regulating a lymphocyte-mediated immune response by blocking costimulatory signals and blocking LFA-1 mediated adhesion in lymphocytes. Townsend, Robert M., et al. 424/131.1; A61K039/395.

☐ 10. 6800457. 16 Dec 02; 05 Oct 04. Expression vectors containing hot spot for increased recombinant protein expression in transfected cells. Koduri; Kanaka Raju, et al. 435/69.1; 435/320.1 435/358 435/69.6. C12P021/02.

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Term	Documents

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Search Results - Record(s) 11 through 14 of 14 returned.

☐ 11. WO002094202A2. 23 May 02. 28 Nov 02. METHODS FOR PROTECTING ALLOGENEIC ISLET TRANSPLANT USING SOLUBLE CTLA4 MUTANT MOLECULES. LARSEN, CHRISTIAN P, et al. A61K00/;.

☐ 12. WO 200294202A. Inhibiting islet cell transplant rejection in a subject, useful for treating diabetes by administering a cytotoxic T lymphocyte associated antigen-4 mutant molecule. ADAMS, A B, et al. A61K000/00 A61K031/436 A61K031/525 A61K031/655 A61K038/00 A61K038/13 A61K038/17 A61K039/395 A61K045/00 A61P001/04 A61P001/16 A61P003/10 A61P007/04 A61P013/12 A61P017/06 A61P017/12 A61P019/02 A61P021/04 A61P025/00 A61P027/02 A61P029/00 A61P035/00 A61P035/02 A61P037/02 A61P037/06 A61P043/00 C07K014/705 C07K014/725.

☐ 13. WO 200202638A. Composition useful for treating rheumatic disease and immune system disorders e.g. diabetes mellitus, graft-related disease, good pasture's syndrome, comprises soluble cytotoxic T lymphocyte A4 mutant molecule. BECKER, J, et al. A61K031/415 A61K031/522 A61K031/525 A61K031/549 A61K031/56 A61K031/60 A61K031/66 A61K033/24 A61K038/00 A61K038/13 A61K038/16 A61K038/17 A61K038/19 A61K038/39 A61K039/395 A61K045/06 A61P001/04 A61P001/16 A61P003/10 A61P007/00 A61P007/04 A61P007/06 A61P017/00 A61P017/02 A61P017/06 A61P019/02 A61P021/02 A61P021/04 A61P025/04 A61P025/28 A61P027/02 A61P029/00 A61P035/00 A61P035/02 A61P037/00 A61P037/02 A61P037/04 A61P043/00 C07K000/00 C07K014/705.

☐ 14. WO 200192337A. Novel mutant cytotoxic T-lymphocyte-associated antigen-4 molecule which binds CD80 and/or CD86 with greater avidity than wild-type molecule, is useful for inhibiting graft versus host disease, psoriasis and diabetes. BAJORATH, J, et al. A61K038/00 A61K038/14 A61K039/395 A61K045/00 A61P037/00 A61P037/06 C07H021/04 C07K000/00 C07K014/47 C07K014/705 C07K014/725 C07K016/00 C07K016/28 C07K019/00 C12N005/06 C12N005/10 C12N015/09 C12N015/63 C12P021/02 C12Q001/02.

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Term	Documents
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L104EA29YIG-PRODUCING	1
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L104EA29YIG/RAPAMYCIN/ANTI-INTERLEUKIN-2	1
L104EA29YIG/RAPAMYCIN/AN-TI-INTERLEUKIN-2	1
L104EA29YS25KIG	4

STIC-ILL 1633784O 528781

From: Gambel, Phillip
Sent: Sunday, February 13, 2005 11:57 AM
To: STIC-ILL
Subject: bulsulfan

NPL ___ Adonis _____
MIC ✓ BioTech ___ MAIN ___
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Ck Cite 2/19 Dupl Request ___

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phillip gambel
art unit 1644
272-0844

BUSULFAN

1644 mailbox 3c70

thanx

--------- bulsulfan ----------

0011706618 BIOSIS NO.: 199800500865
Therapeutic monitoring of busulfan in hematopoietic stem cell transplantation
AUTHOR: **Slattery** John T (Reprint); Risler Linda J
AUTHOR ADDRESS: Fred Hutchinson Cancer Res. Cent., 1100 Fairview Ave. N., AB-122, Seattle, WA 98109-1024, USA**USA
JOURNAL: **Therapeutic Drug Monitoring 20 (5): p543-549 Oct., 1998** 1998
MEDIUM: print
ISSN: 0163-4356
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Busulfan is an alkylating agent commonly used to ablate marrow before hematopoietic stem cell transplantation. High levels have been shown to increase the chance for severe hepatic veno-occlusive disease, for which there is no treatment and which can be fatal. Low levels are associated with recurrence of chronic myeloid leukemia, whereas even lower levels are associated with graft rejection. The therapeutic window for busulfan is narrow and disease and graft-source dependent. Busulfan concentration in plasma is readily assayed by gas chromatography. In the authors' center, busulfan levels determined from the first dose of the drug are used to adjust the dose to that selected to achieve the desired therapeutic outcome by the third dose of the 16-dose regimen. Thus, turnaround time is less than 6 hours. Analytical and pharmacokinetic aspects of busulfan therapeutic monitoring are described. The cost of pharmacokinetically targeting busulfan concentration is ltoreq1% of the cost of hematopoietic stem cell transplantation.

---------- bulsulfan ----------

3/7/8 (Item 8 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

0009629479 BIOSIS NO.: 199598097312
Busulfan pharmacokinetics in bone marrow transplant patients:
Is drug monitoring warranted?
AUTHOR: **Schuler U (Reprint)**; Schroer S; Kuehnle A; Blanz J; Mewes K; Kumbier I; Proksch B; Zeller K-P; Ehninger G
AUTHOR ADDRESS: Med. Klinik, Abt. Haematologie/Onkologie, Otfried Mueller Str. 10, 72076 Tuebingen, Germany**Germany
JOURNAL: **Bone Marrow Transplantation 14 (5): p759-765 1994 1994**
ISSN: 0268-3369
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

Phillip Hamlett
1644 2/14

ABSTRACT: Pharmacokinetics were studied in relation to hepatic side-effects in 20 patients (19 adults aged 18-53 years and one child of 11 years) undergoing BMT after conditioning with 1 mg/kg busulfan (every 6 hours for 16 doses). Busulfan was quantitated in plasma samples at 10 time points within the 6h dosing interval using HPLC before and after dose numbers 1, 2, 5, 13 and 14. For 13 patients data on all five doses are available; for the remaining seven patients three to four doses were studied. Mean maximum concentrations were 1512 ng/ml; mean trough levels for second and subsequent doses were 615 ng/ml. Maxima (C-max) tended to be lower and times of maxima (T-max) were later when busulfan was taken with a meal. Correlation of the area under the concentration versus time curve (AUC-0-6h) between different doses was low within patients. In several patients problems with compartmental fitting of concentration data were observed mainly caused by the short dosing interval, which made estimates of T1/2 and model derived AUCs unstable. Three patients experienced hepatic veno-occlusive disease; kinetic parameters were not helpful in describing a particulate risk constellation for this subgroup. In our experience, the role of drug monitoring in this setting needs to be defined more clearly.

---- bulsulfan ----------

3/7/9 (Item 9 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

0009528837 BIOSIS NO.: 199497550122
Busulfan bioavailability
AUTHOR: **Hassan Moustapha** (Reprint); Ljungman Per; Bolme Per; Ringden Olle; Syruckova Zuzana; Bekassy Albert; Stary Jan; Wallin Inger; Kallberg Nils
AUTHOR ADDRESS: Karolinska Pharmacy, PO Box 160, S-171 76 Stockholm, Sweden **Sweden
JOURNAL: **Blood 84 (7): p2144-2150 1994 1994**
ISSN: 0006-4971
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Busulfan is widely used as a component of the myeloablative therapy in bone marrow transplantation. Recent studies have shown that the drug disposition is altered in children and is associated with less therapeutic effectiveness, lower toxicities, and higher rates of engraftment failure. We have evaluated the bioavailability of the drug in two groups of patients: eight children between 1.5 and 6 years of age and eight older children and adults between 13 and 60 years. Oral bioavailability showed a large interindividual variation. In children, the bioavailability ranged from 0.22 to 1.20, and for adults, it was within the range 0.47 to 1.03. The elimination half-life after intravenous administration in children (2.46 +- 0.27 hours; mean +- SD)

DB=PGPB; PLUR=YES; OP=ADJ

L9 (bulsulfan)same (marrow or stem or graft$ or tranplant$) same (hour$)	0	L9
L8 (busulfan)same(marrow or stem)	81	L8
DB=USPT; PLUR=YES; OP=ADJ		
L7 L6 same (hour$)	6	L7
L6 (busulfan)same(marrow or stem)	80	L6
DB=EPAB,JPAB,DWPI; PLUR=YES; OP=ADJ		
L5 (busulfan)same(marrow or stem)	7	L5
L4 (busulfan)same(transplant$ or graft$)	4	L4
DB=USPT; PLUR=YES; OP=ADJ		
L3 L1 same (hour$)	4	L3
L2 L1 same (prior or before)	18	L2
L1 (busulfan)same(transplant$ or graft$)	44	L1

END OF SEARCH HISTORY

10/057288

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SYSTEM:OS  - DIALOG OneSearch
  File   5:Biosis Previews(R) 1969-2005/Feb W1
         (c) 2005 BIOSIS
*File   5: Price change effective Jan 1, 2005. Enter HELP
RATES 5 for details.
  File  73:EMBASE 1974-2005/Feb W1
         (c) 2005 Elsevier Science B.V.
*File  73: Price change effective Jan 1, 2005. Enter HELP
RATES 73 for details.
  File 155:MEDLINE(R) 1951-2005/Feb W1
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*File 155: Medline has resumed updating. Please see
HELP NEWS 155 for details.
  File 399:CA SEARCH(R) 1967-2005/UD=14207
         (c) 2005 American Chemical Society
*File 399: Use is subject to the terms of your user/customer agreement.
Alert feature enhanced for multiple files, etc. See HELP ALERT.

      Set  Items  Description
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E3        0 *AU=LARSEN CHRISTIAN ?
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E6       16  AU=LARSEN CHRISTIAN GRONHOJ
E7        2  AU=LARSEN CHRISTIAN J
E8        1  AU=LARSEN CHRISTIAN JACQUES
E9        1  AU=LARSEN CHRISTIAN KLEIN
E10      87  AU=LARSEN CHRISTIAN P
E11       6  AU=LARSEN CHRISTIAN RIFBJERG
E12      40  AU=LARSEN CHRISTIAN-JACQUES

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              87  AU=LARSEN CHRISTIAN P
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            8575  CTLA?
           24044  CD40?
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      S3      42  RD S2 (unique items)
? s s3 and busulfan
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           16408  BUSULFAN
      S4       4  S3 AND BUSULFAN
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10/057282

S5 4 RD S4 (unique items)
? t s5/3/all

5/3/1 (Item 1 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

0013920146 BIOSIS NO.: 200200513657
Prevention of chronic rejection in murine cardiac allografts: A comparison of chimerism- and nonchimerism-inducing costimulation blockade-based tolerance induction regimens
AUTHOR: Shirasugi Nozomu; Adams Andrew B; Durham Megan M; Lukacher Aron E; Xu Huaying; Rees Phyllis; Cowan Shannon R; Williams Matthew A; Pearson Thomas C (Reprint); **Larsen Christian P** (Reprint
AUTHOR ADDRESS: Emory University, 1639 Pierce Drive, Woodruff Memorial Building, Atlanta, GA, 30322, USA**USA
JOURNAL: Journal of Immunology 169 (5): p2677-2684 September 1, 2002 2002
MEDIUM: print
ISSN: 0022-1767
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

5/3/2 (Item 2 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

0013656601 BIOSIS NO.: 200200250112
A cure for murine Sickle cell disease (SCD) through stable mixed chimerism and tolerance induction after non-myeloablative conditioning and MHC-mismatched bone marrow transplantation
AUTHOR: Kean Leslie (Reprint); Durham Megan; Adams Andrew; Hsu Lewis L (Reprint); Waller Edmund; Dillehay Dirck; Pearson Thomas; **Larsen Christian**; Archer David R (Reprint
AUTHOR ADDRESS: Dept. Pediatrics, Emory U., Atlanta, GA, USA**USA
JOURNAL: Blood 98 (11 Part 1): p736a November 16, 2001 2001
MEDIUM: print
CONFERENCE/MEETING: 43rd Annual Meeting of the American Society of Hematology, Part 1 Orlando, Florida, USA December 07-11, 2001; 20011207
SPONSOR: American Society of Hematology
ISSN: 0006-4971
DOCUMENT TYPE: Meeting; Meeting Abstract
RECORD TYPE: Abstract
LANGUAGE: English

5/3/3 (Item 3 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

0013606132 BIOSIS NO.: 200200199643
A cure for murine sickle cell disease through stable mixed chimerism and tolerance induction after nonmyeloablative conditioning and major histocompatibility complex-mismatched bone marrow transplantation
AUTHOR: Kean Leslie S; Durham Megan M; Adams Andrew B; Hsu Lewis L; Perry Jennifer R; Dillehay Dirck; Pearson Thomas C; Waller Edmund K; **Larsen Christian P**; Archer David R (Reprint
AUTHOR ADDRESS: Div of Hematology, Oncology Blood and Marrow Transplantation, Dept of Pediatrics, Emory University School of Medicine, Atlanta, GA, 30322, USA**USA
JOURNAL: Blood 99 (5): p1840-1849 March 1, 2002 2002
MEDIUM: print
ISSN: 0006-4971

DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

5/3/4 (Item 1 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2005 The Dialog Corp. All rts. reserv.

16477900 PMID: 12919088
Long-term survival of intestinal allografts induced by costimulation blockade, ***busulfan*** and donor bone marrow infusion.
Guo Zhong; Wang Jun; Dong Ying; Adams Andrew B; Shirasugi Nozomu; Kim Oliver; Hart John; Newton-West Marvin; Pearson Thomas C; **Larsen Christian P**; Newell Kenneth A
Department of Surgery, Emory University School of Medicine, Atlanta, GA, USA.
American journal of transplantation - official journal of the American Society of Transplantation and the American Society of Transplant Surgeons (Denmark) Sep 2003, 3 (9) p1091-8, ISSN 1600-6135 Journal Code: 100968638
Contract/Grant No.: 1 R01 AI51224; AI; NIAID; AI44644; AI; NIAID
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed
? s (cd40) and (ctla?) and busulfan and (transplant? or graft?)
23165 CD40
8575 CTLA?
16408 BUSULFAN
1564221 TRANSPLANT?
581485 GRAFT?
S6 10 (CD40) AND (CTLA?) AND BUSULFAN AND (TRANSPLANT? OR GRAFT?)
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...completed examining records
S7 8 RD S6 (unique items)
? t s7/3/all

7/3/1 (Item 1 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0013920146 BIOSIS NO.: 200200513657
Prevention of chronic rejection in murine cardiac allografts: A comparison of chimerism- and nonchimerism-inducing costimulation blockade-based tolerance induction regimens
AUTHOR: Shirasugi Nozomu; Adams Andrew B; Durham Megan M; Lukacher Aron E; Xu Huaying; Rees Phyllis; Cowan Shannon R; Williams Matthew A; Pearson Thomas C (Reprint); Larsen Christian P (Reprint)
AUTHOR ADDRESS: Emory University, 1639 Pierce Drive, Woodruff Memorial Building, Atlanta, GA, 30322, USA**USA
JOURNAL: Journal of Immunology 169 (5): p2677-2684 September 1, 2002 2002
MEDIUM: print
ISSN: 0022-1767
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

7/3/2 (Item 2 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0013656601 BIOSIS NO.: 200200250112
A cure for murine Sickle cell disease (SCD) through stable mixed chimerism and tolerance induction after non-myeloablative conditioning and MHC-mismatched bone marrow **transplantation**
AUTHOR: Kean Leslie (Reprint); Durham Megan; Adams Andrew; Hsu Lewis L (Reprint); Waller Edmund; Dillehay Dirck; Pearson Thomas; Larsen Christian; Archer David R (Reprint)
AUTHOR ADDRESS: Dept. Pediatrics, Emory U., Atlanta, GA, USA**USA
JOURNAL: Blood 98 (11 Part 1): p736a November 16, 2001 2001
MEDIUM: print
CONFERENCE/MEETING: 43rd Annual Meeting of the American Society of Hematology, Part 1 Orlando, Florida, USA December 07-11, 2001; 20011207
SPONSOR: American Society of Hematology
ISSN: 0006-4971
DOCUMENT TYPE: Meeting; Meeting Abstract
RECORD TYPE: Abstract
LANGUAGE: English

7/3/3 (Item 1 from file: 73)
DIALOG(R)File 73:EMBASE

12903226 EMBASE No: 2004504940
Changes in expression of T-cell activation-related molecules and cytokines during tolerance induction in an allogeneic skin **transplantation** murine model
Lee E.N.; Kim E.Y.; Lee J.; Lee H.J.; Lee K.W.; Joh J.W.; Lee S.K.; Lee D.S.; Lee H.H.; Kim S.J.
AUTHOR EMAIL: kmhyj111@hotmail.com
Transplantation Proceedings (TRANSPLANT. PROC.) (United States) 2004, 36/8 (2425-2428)
CODEN: TRPPA ISSN: 0041-1345
PUBLISHER ITEM IDENTIFIER: S0041134504010061
DOCUMENT TYPE: Journal ; Conference Paper
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 12

7/3/4 (Item 2 from file: 73)
DIALOG(R)File 73:EMBASE

12903225 EMBASE No: 2004504939
Ability of donor splenocytes with costimulation blockade to induce mixed hematopoietic chimerism and **transplantation** tolerance
Shirasugi N.; Emmanouilidis N.; Pearson T.C.; Larsen C.P.
AUTHOR EMAIL: nozomujs@med.teikyo-u.ac.jp
Transplantation Proceedings (TRANSPLANT. PROC.) (United States) 2004, 36/8 (2423-2424)
CODEN: TRPPA ISSN: 0041-1345
PUBLISHER ITEM IDENTIFIER: S0041134504008450
DOCUMENT TYPE: Journal ; Conference Paper
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 3

7/3/5 (Item 3 from file: 73)
DIALOG(R)File 73:EMBASE

12243200 EMBASE No: 2003355986
Long-term survival of intestinal allografts induced by costimulation blockade, **busulfan** and donor bone marrow infusion

Guo Z.; Wang J.; Dong Y.; Adams A.B.; Shirasugi N.; Kim O.; Hart J.; Newton-West M.; Pearson T.C.; Larsen C.P.; Newell K.A.
K.A. Newell, Department of Surgery, Emory Transplant Center, Emory University School of Medicine, Atlanta, GA United States
AUTHOR EMAIL: kenneth newell@emoryhealthcare.org
American Journal of Transplantation (AM. J. TRANSPLANT.) (Denmark) 2003, 3/9 (1091-1098)
CODEN: AJTMB ISSN: 1600-6135
DOCUMENT TYPE: Journal ; Article
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 32

7/3/6 (Item 4 from file: 73)
DIALOG(R)File 73:EMBASE
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11761921 EMBASE No: 2002334787
Novel therapeutics for the treatment of **graft**-versus-host disease
Jacobsohn D.A.
Dr. D.A. Jacobsohn, Department of Haematology/Oncology, Children's Memorial Hospital, Northwestern University, 2300 Children's Plaza, Chicago, IL 60614 United States
Expert Opinion on Investigational Drugs (EXPERT OPIN. INVEST. DRUGS) (United Kingdom) 2002, 11/9 (1271-1280)
CODEN: EOIDE ISSN: 1354-3784
DOCUMENT TYPE: Journal ; Review
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 81

7/3/7 (Item 5 from file: 73)
DIALOG(R)File 73:EMBASE
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11705740 EMBASE No: 2002278961
Rapamycin and T cell costimulatory blockade as post-**transplant** treatment promote fully MHC-mismatched allogeneic bone marrow engraftment under irradiation-free conditioning therapy
Wu T.; Sozen H.; Luo B.; Heuss N.; Kalscheuer H.; Lan P.; Sutherland D.E.R.; Hering B.J.; Guo Z.
Dr. Z. Guo, Department of Surgery, MMC 195, University of Minnesota, 420 Delaware Street SE, Minneapolis, MN 55455 United States
Bone Marrow Transplantation (BONE MARROW TRANSPLANT.) (United Kingdom) 2002, 29/12 (949-956)
CODEN: BMTRE ISSN: 0268-3369
DOCUMENT TYPE: Journal ; Article
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 32

7/3/8 (Item 1 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
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11687672 PMID: 11861303
A cure for murine sickle cell disease through stable mixed chimerism and tolerance induction after nonmyeloablative conditioning and major histocompatibility complex-mismatched bone marrow ***transplantation***
Kean Leslie S; Durham Megan M; Adams Andrew B; Hsu Lewis L; Perry Jennifer R; Dillehay Dirck; Pearson Thomas C; Waller Edmund K; Larsen Christian P; Archer David R
Division of Hematology, Oncology Blood and Marrow Transplantation, Department of Pediatrics, Emory University School of Medicine, Atlanta, GA

30322, USA.
Blood (United States) Mar 1 2002, 99 (5) p1840-9, ISSN 0006-4971
Journal Code: 7603509
Contract/Grant No.: AI44644; AI; NIAID; CA74364-03; CA; NCI; DK/AI40519;
DK; NIDDK; R29HL60127; HL; NHLBI
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed
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23165 CD40
8575 CTLA?
16408 BUSULFAN
1564221 TRANSPLANT?
581485 GRAFT?
S8 54 (CD40 OR CTLA?) AND BUSULFAN AND (TRANSPLANT? OR GRAFT?)
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S9 38 RD S8 (unique items)
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Processing
Processing
38 S9
50614285 PY<2001
S10 4 S9 AND PY<2001
? rd s10
...completed examining records
S11 4 RD S10 (unique items)
? t s11/3/all

11/3/1 (Item 1 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

0013155893 BIOSIS NO.: 200100327732
Hematopoietic chimerism following immunoablative therapy for non-malignant disorders: Out-patient stem cell **transplantation** (SCT)
AUTHOR: Duerst Reggie E (Reprint); Haut Paul R (Reprint); Venkateswaran Lakshmi (Reprint); Kletzel Morris (Reprint)
AUTHOR ADDRESS: Children's Memorial Hospital, Northwestern University Medical School, Chicago, IL, USA**USA
JOURNAL: Blood 96 (11 Part 2): p329b November 16, 2000 **2000**
MEDIUM: print
CONFERENCE/MEETING: 42nd Annual Meeting of the American Society of Hematology San Francisco, California, USA December 01-05, 2000; 20001201
SPONSOR: American Society of Hematology
ISSN: 0006-4971
DOCUMENT TYPE: Meeting; Meeting Abstract
RECORD TYPE: Abstract
LANGUAGE: English

11/3/2 (Item 2 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

0012043403 BIOSIS NO.: 199900303063
Successful bone marrow **transplantation** in a child with X-linked hyper-IgM syndrome
AUTHOR: Kato T; Tsuge I; Inaba J; Kato K; Matsuyama T; Kojima S (Reprint)
AUTHOR ADDRESS: Division of Hematology and Oncology, Children's Medical Center, Japanese Red Cross Nagoya First Hospital, 3-35, Michishita-cho, Nakamura-ku, Nagoya, 453-8511, Japan**Japan

JOURNAL: Bone Marrow Transplantation 23 (10): p1081-1083 May 2, 1999
1999
MEDIUM: print
ISSN: 0268-3369
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

11/3/3 (Item 1 from file: 73)
DIALOG(R)File 73:EMBASE

10865438 EMBASE No: 2000349044
Mixed chimera converted into full donor chimera with powerful **graft**-versus-leukemia effects but no **graft**-versus-host disease after non T cell-depleted HLA-mismatched peripheral blood stem cell **transplantation**
Wu B.Y.; Guo K.Y.; Song C.Y.; Yang D.A.; Li D.
Dr. W. Bingyi, Hematology Department, Zhujiang Hospital, Gongye Road, Guangzhou 510280 China
Bone Marrow Transplantation (BONE MARROW TRANSPLANT.) (United Kingdom) 2000, 26/6 (691-693)
CODEN: BMTRE ISSN: 0268-3369
DOCUMENT TYPE: Journal; Article
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 4

11/3/4 (Item 1 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

14176525 PMID: 9877275
Bone marrow **transplantation** as treatment for X-linked immunodeficiency with hyper-IgM.
Bordigoni P; Auburtin B; Carret A S; Schuhmacher A; Humbert J C; Le Deist F; Sommelet D
Bone Marrow Transplantation Unit, Children's Hospital, Nancy, France.
Bone marrow transplantation (ENGLAND) Dec **1998**, 22 (11) p1111-4, ISSN 0268-3369 Journal Code: 8702459
Document type: Case Reports; Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed
? 33t s11/7/all
>>>Unrecognizable Command
? t s11/7/all

11/7/1 (Item 1 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

0013155893 BIOSIS NO.: 200100327732
Hematopoietic chimerism following immunoablative therapy for non-malignant disorders: Out-patient stem cell **transplantation** (SCT)
AUTHOR: Duerst Reggie E (Reprint); Haut Paul R (Reprint); Venkateswaran Lakshmi (Reprint); Kletzel Morris (Reprint)
AUTHOR ADDRESS: Children's Memorial Hospital, Northwestern University Medical School, Chicago, IL, USA**USA
JOURNAL: Blood 96 (11 Part 2): p329b November 16, 2000 **2000**
MEDIUM: print
CONFERENCE/MEETING: 42nd Annual Meeting of the American Society of Hematology San Francisco, California, USA December 01-05, 2000; 20001201

SPONSOR: American Society of Hematology
ISSN: 0006-4971
DOCUMENT TYPE: Meeting; Meeting Abstract
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: We have treated 4 patients (hemoglobinopathy, n=2 and hyper-IgM immunodeficiency (CD154 def), n=2) utilizing an immunoablative regimen (fludarabine, 30 mg/m
2/d IV X 6 d, **busulfan**, 1 mg/kg IV X 8 and anti-thymocyte globulin (ATG), 40 mg/kg/d IV X 4d) followed by unmanipulated peripheral blood SCT from an HLA matched sibling donor. The donors received G-CSF (10 mcg/kg/d X 4d) for stem cell mobilization. Oral cyclosporin A was administered for prophylaxis of GVHD. Growth factor support was not routinely administered. Patients were cared for in the Ambulatory Stem Cell Unit. Chimerism was documented by assessment of VNTR or FISH for X-chromosome specific DNA. The patients with CD154def had liver dysfunction related, in part, to prior cryptosporidium infection. Patients received 5.6-7.6 X 10
8 MNC/kg, 6.2-8.1 X 10
6 CD34+ cells/kg. Rapid development of mixed chimerism resulted in minimal need for transfusion support. No red cell transfusions were required post SCT and only one patient required platelet transfusions (X3). Severe neutropenia and mucositis did not develop. Brief hospital admissions (n = 4) following SCT were for neutropenic fever (3) and aseptic meningitis (1). ***CD40*** ligand expression has increased in CD154 def recipients to apprx40-50% of CD3+CD8-cells. Acute and chronic GVHD have developed in the 23 yo patient with homozygous sickle hemoglobinopathy. This initial experience indicates immunoablative therapy followed by SCT from matched sibling donors can be administered safely in the outpatient setting for patients with Stem Cell defects. The risk of toxicity for the patient and medical costs are greatly reduced when compared with recipients of myeloablative therapy.

11/7/2 (Item 2 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

0012043403 BIOSIS NO.: 199900303063
Successful bone marrow **transplantation** in a child with X-linked hyper-IgM syndrome
AUTHOR: Kato T; Tsuge I; Inaba J; Kato K; Matsuyama T; Kojima S (Reprint)
AUTHOR ADDRESS: Division of Hematology and Oncology, Children's Medical Center, Japanese Red Cross Nagoya First Hospital, 3-35, Michishita-cho, Nakamura-ku, Nagoya, 453-8511, Japan**Japan
JOURNAL: Bone Marrow Transplantation 23 (10): p1081-1083 May 2, 1999
1999
MEDIUM: print
ISSN: 0268-3369
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: We report a case of an 11-year-old boy who underwent successful bone marrow ***transplantation*** for X-linked hyper-IgM syndrome (XHIM). The donor was an HLA-matched brother. The patient was conditioned with ***busulfan*** , cyclophosphamide and anti-thymocyte globulin. He received 4.7 X 108 marrow cells per kg from the donor. Prophylaxis against **graft**-versus-host disease consisted of cyclosporine and short-term methotrexate. The clinical course after the bone marrow **transplantation** was uneventful, and 12 months after **transplantation** the patient was doing well with no need for therapy. We examined expression of the ***CD40*** ligand (CD40L) on the

patient's activated T lymphocytes and in vitro production of immunoglobulins by his lymphocytes. Although expression of CD40L was totally absent before the bone marrow **transplant**, subnormal expression appeared after the ***transplantation*** . In vitro production of IgG and IgA also was improved by the ***transplant*** . Based on our experience bone marrow **transplantation** appears to be a reasonable therapeutic option for patients with XHIM if HLA-matched family donors are available.

11/7/3 (Item 1 from file: 73)
DIALOG(R)File 73:EMBASE

10865438 EMBASE No: 2000349044
Mixed chimera converted into full donor chimera with powerful **graft**-versus-leukemia effects but no **graft**-versus-host disease after non T cell-depleted HLA-mismatched peripheral blood stem cell **transplantation**

Wu B.Y.; Guo K.Y.; Song C.Y.; Yang D.A.; Li D.
Dr. W. Bingyi, Hematology Department, Zhujiang Hospital, Gongye Road, Guangzhou 510280 China

Bone Marrow Transplantation (BONE MARROW TRANSPLANT.) (United Kingdom) 2000, 26/6 (691-693)
CODEN: BMTRE ISSN: 0268-3369
DOCUMENT TYPE: Journal; Article
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 4

Instead of donor T cell depletion, we used **CTLA4** and TJU103 (a small organic compound believed to block CD4 binding to MHC II molecule of APC) to block donor T lymphocyte activation in vitro before infusion, and mycophenolate mofetil to control the activity of lymphocytes of the recipient. We successfully treated a patient with an HLA-mismatched ***graft*** without donor T cell depletion. Mixed chimerism was observed 30 days and 60 days after ***transplantation*** . STR-PCR showed that 28% and 62% of blood mononuclear cells (MNC) were donor derived at day +30 and day +60, respectively. Mixed chimerism converted into full donor chimerism, when 99.7% of the MNC in the recipient were donor derived after three courses of DLI. A powerful GVL effect related to mixed chimerism was observed. No acute GVHD occurred, only grade II chronic GVHD occurred 6 months after ***transplant*** . Based on this case, we suggest that: (1) stable mixed chimerism can be intentionally established across HLA barriers without donor T cell depletion; (2) mixed chimerism can be converted into full donor chimerism by DLI; (3) mixed chimerism induced with this approach can be associated with a very powerful GVL effect, and these may be enhanced by DLI, without severe GVHD.

11/7/4 (Item 1 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

14176525 PMID: 9877275
Bone marrow **transplantation** as treatment for X-linked immunodeficiency with hyper-IgM.

Bordigoni P; Auburtin B; Carret A S; Schuhmacher A; Humbert J C; Le Deist F; Sommelet D
Bone Marrow Transplantation Unit, Children's Hospital, Nancy, France.

Bone marrow transplantation (ENGLAND) Dec **1998**, 22 (11) p1111-4, ISSN 0268-3369 Journal Code: 8702459
Document type: Case Reports; Journal Article
Languages: ENGLISH
Main Citation Owner: NLM

Record type: Completed
We report a 10-year-old boy with a severe form of immunodeficiency with hyper-IgM who underwent successful bone marrow **transplantation** with his HLA-matched sister as donor. ***Busulfan*** (20 mg/kg) and cyclophosphamide (200 mg/kg) were used as conditioning. The post-***transplant*** course was uneventful. He is alive 25 months later with full hematological and immunological reconstitution.
Record Date Created: 19990325
Record Date Completed: 19990325
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>>>KWIC option is not available in file(s): 399

11/KWIC/1 (Item 1 from file: 5)
DIALOG(R)File 5:(c) 2005 BIOSIS. All rts. reserv.

Hematopoietic chimerism following immunoablative therapy for non-malignant disorders: Out-patient stem cell **transplantation** (SCT)
2000

...ABSTRACT: 2) utilizing an immunoablative regimen (fludarabine, 30 mg/m 2/d IV X 6 d, **busulfan**, 1 mg/kg IV X 8 and anti-thymocyte globulin (ATG), 40 mg/kg/d...

...hospital admissions (n = 4) following SCT were for neutropenic fever (3) and aseptic meningitis (1). ***CD40*** ligand expression has increased in CD154 def recipients to apprx40-50% of CD3+CD8-cells...
DESCRIPTORS:
DISEASES: ***graft*** -vs-host disease...
MESH TERMS: **Graft** vs Host Disease (MeSH)
...METHODS & EQUIPMENT: out-patient stem cell ***transplantation*** --

11/KWIC/2 (Item 2 from file: 5)
DIALOG(R)File 5:(c) 2005 BIOSIS. All rts. reserv.

Successful bone marrow **transplantation** in a child with X-linked hyper-IgM syndrome
1999

ABSTRACT: We report a case of an 11-year-old boy who underwent successful bone marrow ***transplantation*** for X-linked hyper-IgM syndrome (XHIM). The donor was an HLA-matched brother. The patient was conditioned with ***busulfan*** , cyclophosphamide and anti-thymocyte globulin. He received 4.7 X 108 marrow cells per kg from the donor. Prophylaxis against **graft**-versus-host disease consisted of cyclosporine and short-term methotrexate. The clinical course after the bone marrow **transplantation** was uneventful, and 12 months after **transplantation** the patient was doing well with no need for therapy. We examined expression of the ***CD40*** ligand (CD40L) on the patient's activated T lymphocytes and in vitro production of immunoglobulins by his lymphocytes. Although expression of CD40L was totally absent before the bone marrow **transplant**, subnormal expression appeared after the ***transplantation*** . In vitro production of IgG and IgA also was improved by the ***transplant*** . Based on our experience bone marrow **transplantation** appears to be a reasonable therapeutic option for patients with XHIM if HLA-matched family...
DESCRIPTORS:
METHODS & EQUIPMENT: bone marrow ***transplantation*** --...

...success, ***transplantation*** method

11/KWIC/3 (Item 1 from file: 73)
DIALOG(R)File 73:(c) 2005 Elsevier Science B.V. All rts. reserv.

Mixed chimera converted into full donor chimera with powerful **graft** -versus-leukemia effects but no **graft**-versus-host disease after non T cell-depleted HLA-mismatched peripheral blood stem cell **transplantation**

Instead of donor T cell depletion, we used **CTLA4** and TJU103 (a small organic compound believed to block CD4 binding to MHC II molecule...

...activity of lymphocytes of the recipient. We successfully treated a patient with an HLA-mismatched ***graft*** without donor T cell depletion. Mixed chimerism was observed 30 days and 60 days after ***transplantation*** . STR-PCR showed that 28% and 62% of blood mononuclear cells (MNC) were donor derived...

...was observed. No acute GVHD occurred, only grade II chronic GVHD occurred 6 months after ***transplant*** . Based on this case, we suggest that: (1) stable mixed chimerism can be intentionally established...
DRUG DESCRIPTORS:
...therapy--dt; mycophenolic acid 2 morpholinoethyl ester--oral drug administration--po; fludarabine--drug therapy--dt; **busulfan**--drug therapy--dt; **busulfan**--oral drug administration--po; cyclophosphamide --drug therapy--dt; cyclophosphamide--intravenous drug administration--iv; cyclosporin A...
MEDICAL DESCRIPTORS:
*hematopoietic stem cell **transplantation**; *chimera; ***graft** versus leukemia effect; *HLA matching; *lymphocyte depletion; *T lymphocyte **graft** versus host reaction--complication--co; **graft** versus host reaction--drug therapy--dt; **graft** versus host reaction--prevention --pc; donor; T lymphocyte activation; in vitro study; recipient; treatment outcome...
...CAS REGISTRY NO.: 128794-94-5 (mycophenolic acid 2 morpholinoethyl ester); 21679-14-1 (fludarabine); 55-98-1 (**busulfan**); 50-18-0 (cyclophosphamide); 59865-13-3...
SECTION HEADINGS:
016 Cancer
025 Hematology
026 Immunology, Serology and **Transplantation**
037 Drug Literature Index
2000

11/KWIC/4 (Item 1 from file: 155)
DIALOG(R)File 155:(c) format only 2005 The Dialog Corp. All rts. reserv.

Bone marrow **transplantation** as treatment for X-linked immunodeficiency with hyper-IgM.
Dec **1998**,
... boy with a severe form of immunodeficiency with hyper-IgM who underwent successful bone marrow **transplantation** with his HLA-matched sister as donor. ***Busulfan*** (20 mg/kg) and cyclophosphamide (200 mg/kg) were used as conditioning. The post- ***transplant*** course was uneventful. He is alive 25 months later with full hematological and immunological reconstitution.
Descriptors: *Bone Marrow **Transplantation**; *Hypergammaglobulinemia --therapy--TH; *Immunoglobulin M--blood--BL; *Immunologic Deficiency Syndromes--therapy--TH; B-Lymphocytes--immunology--IM; **CD40** Ligand; Child; Chimera--genetics--GE; Hypergammaglobulinemia--genetics--GE; Immunologic Deficiency Syndromes--genetics--GE; Linkage (Genetics); Membrane Glycoproteins--deficiency--DF; Membrane Glycoproteins--genetics --GE; Point Mutation; T-Lymphocytes--immunology--IM; **Transplantation**, Homologous; X Chromosome--genetics--GE
Chemical Name: Immunoglobulin M; Membrane Glycoproteins; **CD40** Ligand